

03/16/2006 16:11

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PART B - FEE(S) TRANSMITTAL

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Teresa Barbuti	(Depositor's name)
Teresa Barbuti	(Signature)
March 16, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/605,322	09/22/2003	Edward J. Cheal	APK-001.02	2321

TITLE OF INVENTION: JOINT PROSTHESES AND COMPONENTS THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	04/11/2006
EXAMINER		ART UNIT	CLASS-SUBCLASS		
STEWART, ALVIN J		3738	623-022460		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1. Scott E. Kamholz
Foley Hoag LLP

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Apex Surgical, LLC

Raynham, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Authorized Signature

Date March 16, 2006

Typed or printed name

Scott E. Kamholz

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